

**CENTER FOR SUBSTANCE ABUSE TREATMENT (CSAT) TECHNICAL
ASSISTANCE (TA) REQUEST INFORMATION**

Targeted Capacity Expansion (TCE), TCE HIV, and HIV Outreach Grant Program
Cross-Site Government Performance and Results Act (GPRA) and Cluster Evaluation

1. The project or government entity will initiate TA by completing the TA Request Form.
2. The TA request must be approved by the authorized representative—the State, local, or tribal governmental unit, or grant recipient as appropriate to your grant.
3. The TA Request Form is submitted by the authorized representative to the assigned CSAT Project Officer (PO).
4. The CSAT PO assesses the request and forwards a copy of the request and the recommendation for TA to Richard Lopez, JD, PhD the ACS/Birch & Davis (ACS/B&D) Contract PO.
5. If approved by CSAT authorities, the ACS/B&D Contract PO will forward the request to ACS/B&D.
6. ACS/B&D will log in the request; this starts the clock for processing a TA request.
7. ACS/B&D will communicate with the grantee about the request.
8. ACS/B&D will communicate with the CSAT PO about the request.
9. After communication with the grantee and the CSAT PO, ACS/B&D, in consultation with the CSAT PO, will identify who will deliver the TA.
10. ACS/B&D staff and/or consultants will deliver the TA and will provide the recipient with a TA Evaluation Form in order to gauge *consumer satisfaction* with the TA.
11. ACS/B&D will provide a report, including the completed TA Evaluation Form, on the TA delivery to ACS/B&D Contract PO Richard Lopez, JD, PhD, with copies to the CSAT PO and the TA requester, within 30 days of completion of TA delivery.

CSAT TECHNICAL ASSISTANCE (TA) REQUEST FORM
Targeted Capacity Expansion (TCE), TCE HIV, and HIV Outreach Grant Program
Cross-Site Government Performance and Results Act (GPRA) and Cluster Evaluation

Please complete this form and submit it to:

<Insert CSAT PO NAME above>
Center for Substance Abuse Treatment
Rockwall II, Room 740
5600 Fishers Lane
Rockville, Maryland 20857

CSAT PO Phone: _____
CSAT Main Phone: (301) 443-8802
CSAT Fax: (301) 443-3543

SECTION I—GRANTEE IDENTIFICATION

To be completed by TA requester (whether the on-site provider or the government entity). Please type or print.

Name of Person Requesting TA:

Grantee CSAT ID Number: TI _____

Project Name/Grantee:

Address:

City:

State:

ZIP:

Phone: ()

E-mail Address:

Year of Grant Cycle:

SECTION II—STATEMENT OF THE PROBLEM/NEED FOR CROSS-SITE EVALUATION TA

☐ GPRA cross-site evaluation ☐ Cluster group evaluation ☐ Other, specify:

Describe the problem or need for TA:

SECTION III—TA REQUEST

Describe the TA you are requesting. Specify long- and short-term goals.

☐ Telephone Consultation

☐ Site Visit

☐ Review of Evaluation Products

☐ Evaluation Literature Search

☐ Other (please be specific):

How many days of TA are you requesting? Be as specific as possible about the starting date and duration.

Define the proposed audience for this TA. How many participants do you expect to attend on-site activities?

Describe the specific treatment program(s) or agency(ies) to which TA will be provided.

What types of products or follow-up are anticipated to ensure successful implementation of the TA?

SECTION IV—CONSULTANTS

What type of evaluation expertise should the TA consultant(s) possess?

ACS/Birch & Davis has the capability to provide the TA consultants. However, the TA requester may request a specific consultant.

Have you identified a specific individual as the desired TA consultant? ☐ Yes ☐ No

If yes, please provide the consultant's name, telephone number, address, and e-mail address in this space. Please submit a resume for this consultant with this request.

SECTION V—GRANTEE AUTHORIZATION

I have reviewed and approved this request for TA.

Approval of Grantee/Authorized Government Representative (SSA, local, tribal) as needed. (General TCE awards require governmental unit approval, but TCE HIV and HIV Outreach grants do not require governmental unit approval and the local project may submit TA requests directly to the CSAT GPO.)

Signature

Date

VI—CSAT AUTHORIZATION

Approval of CSAT Project Officer:

Signature

Date

Approval of CSAT Treatment Systems Improvement Branch Chief:

Signature

Date

Approval of CSAT Division of Program and Systems Development Director:

Signature

Date

Approval of CSAT Contract Monitor
(Contract Project Officer)

Signature

Date

Please attached all additional documentation relating to this TA request. Use additional sheets for further information you wish to convey.